CITY OF COLUMBUS Date Issued: Expiration Date: Date of Current Photo: Date OFFICE USE ONLY CITY OF COLUMBUS DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION Application for: CARRIAGE HORSE LICENSE Chapter 594, Columbus City Codes

This application is to be completed by the individual in need of such license.

		USE INK OR T				
I,application must b	e made under oath		derstand atement i	and agree that		to all matters in this enial, or future revocation
I further understa public record.	nd and agree that a	ll informati <mark>on conta</mark> i	ned in th	is application is	subject to disc	losure as a matter of
		Signature of Ap	plicant			Date
APPLICANT INF	ORMATION:					
Name:	to design to the second				Phone:	
	(Print your f	ull name)				
Address:	Street		City	State		Zip Code
SexR	ace: Heigl	ht Weight		_ Eyes	Hair	
Date of Birth		Place of Birth	1			
	•					
Business Name:		ull name)			Phone:	
Address:	Street		City	State		Zip Code
Owner Name:			City		DL	
owner rame.	(Print your f	ull name)			Phone:	
Address:						
Information on	Street Horse:		City	State		Zip Code
		A ge-	Sev.	Brood.		
Training Statemen	it:					
I,			hereby s	wear or affirm	that the above	described horse has been
trained to work as pedestrian traffic	a Carriage Horse of while working.	n the streets of Colu	mbus. Tl	nis horse should	l not be a hazar	described horse has been d to the vehicular or
			Signed			
I do sear or affirm	that all above state	ments and information		ue to the best of	f <mark>my knowledge</mark>	and belief.
			Signatur	e of Applicant		
Sworn to or affirm 20	ed before me and su	ıbscribed in my pres	ence this		day of	,

Application Fee \$10.00

Notary Public or Agent of Safety Director